## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: SACRED HEART VILLA EAST (0010548) Address: 1820 GRAND AVE, MANITOWOC, WI 54220

**License Status: REGULAR** 

Licensed/Certified/Registered 12/01/2004

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0093546 End Date: 11/01/2004 Type: STANDARD Purpose: DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0092614 End Date: 05/17/2004 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED